MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/031857

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9		5				
10	1					
11	1					
12		1				
13	1					
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49						
50						
TOTAL IND.	8					
TOTAL DEP.	12					
TOTAL CLAIMS	20					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631